



Converg[in] Risk Media Solutions Policy
Acquisition & Development, Distributor, and
Production Library Application

NOTICE: CELERITY RISK'S CONVERG[IN] RISK MEDIA SOLUTIONS POLICY IS A MODULAR POLICY THAT CAN BE CUSTOMIZED TO PROVIDE COVERAGE FOR MEDIA LIABILITY, ADVERTISING LIABILITY, MISCELLANEOUS ERRORS & OMISSIONS AND NETWORK SECURITY & PRIVACY. PLEASE DESCRIBE YOUR BUSINESS OPERATIONS BY COMPLETING THIS APPLICATION. WE WILL PROVIDE AN INSURANCE PROPOSAL AND WORK WITH YOU AND YOUR INSURANCE AGENT TO PUT TOGETHER A POLICY THAT BEST SUITS YOUR NEEDS.

NOTE THAT CERTAIN COVERAGE PARTS OF THIS POLICY APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. IN SUCH CASES, NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. COSTS OF DEFENSE INCURRED UNDER THE LIABILITY AND NON-LIABILITY COVERAGE PARTS OF THIS POLICY ARE IN EXCESS OF ANY APPLICABLE RETENTION AND SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY ALL OTHER LOSS.

A. APPLICATION INSTRUCTIONS

1. Fill out the **General Information Section**.
2. Fill out **all additional sections that pertain to the Applicant's business**. When filling out this Application, please be sure to include all requested information and supply attachments where requested.
3. Fill out the **Claims Experience Section**.
4. **Sign & date** this form on the last page.

B. INFORMATION

5. Name of Applicant/Legal Entity: _____
6. Street Address: _____
7. City, State, Zip: _____
8. All Owned and/or Operated Website(s): _____
9. The Officer designated as agent of the Applicant and of all **Insured Persons** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:
Name: _____ Title: _____
Email address: _____ Phone: _____
10. The Applicant has continuously operated since (MM/YY): _____ State of Incorporation: _____
11. Total number of employees for all of Applicant's operations at the most recent year end: _____
12. Does the applicant have a procedure for processing un-solicited submissions? ☐ Yes ☐ No
If "Yes", please describe process:

C. PROPOSAL REQUIREMENTS

13. Desired Effective Date: _____
14. Desired Policy Term:

Desired Term of Policy:	1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Desired Policy Limit(s):	Each loss: \$ _____ Aggregate: \$ _____
Desired Self Insured Retention:	\$ _____

D. ACQUISITION AND DEVELOPMENT INFORMATION N/A ☐

15. Estimated number and types of productions to be acquired or developed:

Features for Theatrical Release:	Features for Television Release:
Television Series:	Reality Television Series:
Television Pilots & Specials:	Mini-Series and Docu-dramas:
Short Subjects:	Documentaries:
Industrial & Short Films:	Computer or Video Games:
Other (describe):	

16. Average budget of productions acquired or developed: \$ _____

17. What percentage of projects that you acquire or develop are produced by the Applicant? _____ %

18. Have all necessary rights been acquired (theatrical, pay-TV, etc.)? ☐ Yes ☐ No

19. Briefly describe clearance procedures: _____

20. Does Applicant utilize outside writers, producers, musicians, etc.? ☐ Yes ☐ No

If yes, please explain and provide details as to Applicant's contractual protection: _____

21. For Acquisition & Development activities, estimated gross annual revenues:

Past Year \$ _____ Current Year \$ _____ Upcoming Year \$ _____

E. DISTRIBUTOR & PRODUCTION LIBRARY INFORMATION N/A ☐

22. Describe in detail the planned distribution and exhibition of productions to be insured: _____

23. Estimated number of productions to be distributed annually for each genre listed below:

Documentaries:	Features for Television Release:	Features for Theatrical Release:
Reality Television Series:	Television Pilots & Specials:	Television Series:
Mini-Series & Docu-Dramas:	Industrial & Training Films:	Short Subjects:
Video Games:	Webisodes & Mobisodes:	Other-specify:

24. Territory in which titles are to be distributed:

_____ International _____ National _____ Regional _____ Local

a. Number of titles presently on hand for distribution: _____

b. Average number of additional titles to be acquired per year: _____

c. What percentage of your library titles have been produced by the Applicant? _____ %

d. What percentage of your library titles have been acquired, purchased, or licensed? _____ %

25. Have all titles been previously exhibited? ☐ Yes ☐ No

26. Have all necessary rights been acquired? ☐ Yes ☐ No

27. Does Applicant obtain full indemnities from sellers or licensors against liability arising out of the distribution, exhibition or other use of the productions distributed? ☐ Yes ☐ No
If no, please explain: _____
28. Does Applicant require seller or licensor to maintain current and continuous in-force Producers Errors & Omissions liability insurance on each production acquired for distribution? ☐ Yes ☐ No
29. For Distributor or Library activities, estimated gross annual revenues from all distribution activities:
Past Year: \$_____ Current Year: \$_____ Upcoming Year: \$_____

E. CLEARANCE PROCEDURES

30. a. Name, address and phone number of applicant's media attorney(s) who has or will clear acquisitions, rights, and contracts in relation to the production(s) for which applicant is seeking coverage:
Firm Name: _____
Firm Address: _____
Years of Media/Intellectual Property Law Experience: _____
Telephone: _____
Attorney Website: _____
- b. Does the applicant use in-house media attorney(s)? ☐ Yes ☐ No
If "Yes", how many are on staff? _____

F. CLAIMS EXPERIENCE

31. Have there been during the last five years, or are there now pending, any claims, suits, or proceedings brought against the Applicant or any of the Applicant's subsidiaries, arising out of the activities described in this Application?
☐ Yes ☐ No
32. Is the Applicant, the individual signing this Application, or any of the Applicant's principals, officers or directors aware of any fact or circumstances reasonably likely to give rise to a claim arising out of the activities described in this Application?
☐ Yes ☐ No
33. Has the applicant suffered any privacy or data security breach in the last five years? ☐ Yes ☐ No

If "Yes" to ANY of the above, provide details in an attachment to this Application including the nature of the claim/incident, date of occurrence, claimant, total defense costs, judgments, and/or settlements.

IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING, OR KNOWN FACT OR CIRCUMSTANCES, IS EXCLUDED FROM THE PROPOSED COVERAGE.

G. PRIOR COVERAGES

34. Does the Applicant currently have in place, or has the Applicant had in place in the past, any media liability, professional errors and omissions, or cyber security & privacy coverage? ☐ Yes ☐ No

If "Yes," please provide the information below:

Type of Coverage	Carrier	Limit of Liability	Retention	Premium	Most Recent Policy Period

H. FRAUD WARNING

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the inception date of any policy that may be issued, the Company must notify the Insurer in writing and any outstanding quotation or binder may be modified or withdrawn.

The undersigned Officer of the Applicant declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Application and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

With respect to any Liability Coverage Part, it is agreed by the Company and the Insured Persons that the particulars and statements contained in this Application and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Company and the Insured Persons that the statements in this Application or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Application, any misstatement or omission in this Application or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Liability Claim against them shall not be imputed to any other Insured Person for purposes of determining the validity of this Policy as to such other Insured Person.

This Application must be signed by an Authorized Business Manager, Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.

_____ Printed Name of Authorized Signator	_____ Signature	_____ Title	_____ Date
--	--------------------	----------------	---------------

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including any additional applicable documentation to:

**Celerity Risk
CR-Media@celerityrisk.com**